

In re:

NEW ENGLAND MOTOR FREIGHTS, INC.,  
*et al.*,

Chapter 11

Case No. 19-12809 (JKS)

U.S. BANKRUPTCY COURT  
FILED  
NEWARK, NJ

2022 MAR -8 A 8:18

JEANNE A. NAUGHTON

BY: *Col. Klein*  
DEPUTY CLERK

**RESPONSE TO OMNINUS OBJECTION**

1. Interstate Billing Service, Inc. ("IBS") filed a Proof of Claim on April 16, 2019. A copy of the Proof of Claim is attached and marked Exhibit 1.
2. Whitney Marsh, the IBS employee who filed such Proof of Claim, no longer is employed at IBS as of December 2019.
3. IBS has no record or receipt of the Request for Completed IRS Form W9 dated November 15, 2020 sent by the Trustee or any other communication(s) sent inquiring about IBS Proof of Claim. Therefore, IBS could not complete the requested W9 form and return to the Trustee.
4. IBS received the Notice of Objection on or around February 23, 2022, where IBS first learned it had failed to respond to the request W9 form.
5. IBS prays that the Honorable Court will accept the attached W9 form (attached and marked Exhibit 2), rejecting the Trustee's claim that IBS has been unresponsive.
6. Either Shane Stewart or Vicky McCollum may be contacted regarding the Proof of Claim or any other matter involving IBS. See below for contact information:

Shane Stewart  
VP Collections & Recovery  
(256)260-8016  
[sstewart@bibank.com](mailto:sstewart@bibank.com)  
2114 Veterans Drive SE  
Decatur AL 35601

Vicky McCollum  
Collection Coordinator  
(256)260-2102  
[vmccollum@bibank.com](mailto:vmccollum@bibank.com)  
2114 Veterans Drive SE  
Decatur AL 35601

7. Ann Collins Mockbee, in-house attorney for IBS, should be copied on all correspondence to IBS. Her email is [amockbee@bibank.com](mailto:amockbee@bibank.com), address is PO Box 5000 Attn: Ann Collins Mockbee Sheffield, AL 35660 and direct line is (256)386-5081.

Sincerely,

*SHANE STEWART*

Shane Stewart  
IBS Vice President Collections and Recovery

## **Exhibit 1**

**Fill in this information to identify the case:**

Debtor 1 NEMF Logistics, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 19-12821-JKS

RECEIVED  
2019 APR 16 PM 3:30  
US BANKRUPTCY COURT/DJC

Official Form 410

**Proof of Claim**

USBC DISTRICT OF NEW JERSEY  
NEW ENGLAND MOTOR FREIGHT, INC ET AL  
CHAPTER 11 CASE NO. 19-12809 (JKS)  
CLAIM NUMBER: 00158

21172

04/18

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Interstate Billing Service, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).	Where should notices to the creditor be sent?  <u>Interstate Billing Service, Inc.</u> Name <u>P.O. Box 2250</u> Number Street <u>Decatur</u> <u>AL</u> <u>35609</u> City State ZIP Code Contact phone <u>800-332-9140 Ext 2601</u> Contact email <u>wmarsh@blbank.com</u>	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____/____/____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6.</b>	Do you have any number you use to identify the debtor? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	618715
<b>7.</b>	How much is the claim? \$ <u>6,000.54</u> . Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
<b>8.</b>	What is the basis of the claim? <small>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(e). Limit disclosing information that is entitled to privacy, such as health care information.</small> <u>money loaned, goods or services provided</u>	
<b>9.</b>	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ <u>6,000.54</u> (The sum of the secured and unsecured amounts should match the amount in line 7.)  Amount necessary to cure any default as of the date of the petition: \$ _____  Annual interest rate (when case was filed) _____% <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<b>10.</b>	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition, \$ _____	
<b>11.</b>	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

<p><b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b></p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input checked="" type="checkbox"/> <b>No</b>	
	<input type="checkbox"/> <b>Yes. Check one:</b>	
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.		\$ _____
<p>* Amounts are subject to adjustment on 4/01/10 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/08/2019  
MM/DD/YYYY

Shane Stewart  
Signature

Print the name of the person who is completing and signing this claim:

Name	Shane Stewart		
	First name	Middle name	Last name
Title	VP of Customer Service and Collections		
Company	Interstate Billing Service, Inc. <small>Identify the corporate servicer, as the company if the authorized agent is a servicer.</small>		
Address	P.O. Box 2250		
	Number	Street	
	Decatur	AL	35609
	City	State	ZIP Code
Contact phone	800-332-9140 Ext 2601		Email wmarsh@bilbank.com

## **Exhibit 2**

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
--	--	---

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Interstate Billing Service, Inc.</b> 2 Business name/disregarded entity name, if different from above 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 2208</b> 6 City, state, and ZIP code <b>Decatur, AL 35609-2208</b> 7 List account number(s) here (optional)		Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
6	3		0	8	7	6	3	0	5

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Mary Wiles</i>	Date ▶ <i>1/3/2022</i>
------------------	--	------------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



ORIGIN ID:MDRA (256) 260-8031  
VICKY MCCOLLUM  
INTERSTATE BILLING SERVICE  
2114 VETERANS DR SE

SHIP DATE: 04MAR22  
ACTWGT: 1.00 LB  
CAD: 7633832/INET4460

DECATUR, AL 35601  
UNITED STATES US

BILL SENDER

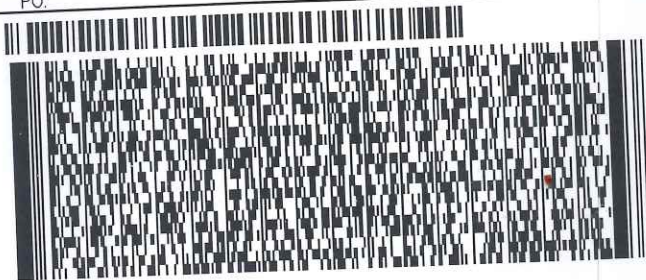
TO COURT CLERK  
US BANKRUPTCY COURT  
50 WALNUT STREET  
MLK JR. FEDERAL BUILDING  
NEWARK NJ 07102

(973) 645-4764

REF:

INV:  
PO:

DEPT:



FedEx  
Express



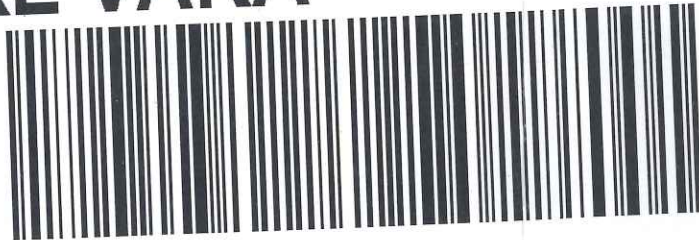
56D139080FE4A

MON - 07 MAR 4:30P  
STANDARD OVERNIGHT

TRK# 7762 1406 3662  
0201

**XE VAKA**

07102  
NJ-US EWR



FedEx Ship Manager - Print Your Label(s)

3/4/22, 2:55 PM

◀ Insert shipping document here.